

McClellan (J. M.)

A CASE OF ORAL SURGERY.

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DURING the late civil war, the following interesting surgical case which came under my care was seen during the course of treatment by several professional friends; among them, Profs. D. Hayes Agnew, Jas. E. Garretson, and J. Foster Flagg. I have frequently been urged to publish a report of the case, but have not found it convenient to do so until the present time. John McGouisk, aged forty-two, a native of Ireland, drafted into the 83d Regiment Pennsylvania Volunteers, was wounded at the battle of Cold Harbor, Wilderness of Virginia, June 2d, 1864, by the explosion of a shell. A fragment of the shell struck him in the face, inflicting a wound of great severity and attended

FIG. 1.



by profuse hemorrhage. On being carried to the rear, the surgeon said that he could only live an hour and a half. This prediction, however, was not verified, as he was sent from the field hospital to Alexandria, and then to McClellan U. S. A. Hospital in Philadelphia, where he first came under my notice. I did not see him until some six weeks after he had been wounded, when I was requested by Dr. H. B. Buehler, in whose ward he was, to visit him at the hospital. At that time he was in a very

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critical condition. The wound had healed, leaving a V-shaped fissure in the upper lip (Fig. 1), extending into the right anterior nares. A portion of the lower lip had been lost, and what was left had fallen in and become adherent to the jaw. The incisors, canines, bicuspids, and their alveolar processes in the upper and lower maxillæ had been carried away by the fragment of shell, leaving also a compound fracture of the lower jaw. The under surface of the tongue, from the tip, had become adherent to the lower jaw, while the fractured ends of the maxilla were drawn towards each other by the contraction of the mylo-hyoid muscle. The pressure of the lower molar teeth on the sides of the tongue produced constant irritation of that organ, which was very much swollen, so much so as to interfere with respiration. It was with great difficulty that the patient could swallow, being restricted to soft food. He could not articulate a word, and was compelled to make known his wants by writing on a slate. At the same time saliva mixed with mucus and pus was constantly trickling from his mouth on to the breast, soiling his clothes, and making him not only unsightly but exceedingly offensive, on account of the unpleasant odor.

Under his chin there was an abscess of considerable size. Owing to his inability to take the amount of food that the system required, the defective alimentation was attended by a wasted condition of the body. The first indication in regard to treatment on my part was to take the pressure from the tongue by propping apart the fractured ends of the lower jaw. To accomplish this I decided to take an impression of the molar teeth with a piece of softened wax. There was no difficulty in applying the wax to the molar teeth on the right side, but on attempting to remove it I found that it could not be done, on account of a cicatricial band extending from the upper to the lower jaw, restricting the downward movement of the latter.

FIG. 2.



After two or three ineffectual efforts, I pressed the jaw inward and easily removed the wax. An impression of the molar teeth on the left side was then taken. Having made a plaster model from these, two pieces of half-round silver wire were bent in the shape of a horse-shoe and soldered together in the middle, but leaving free extremities

that could be applied around the molar teeth in the form of bands, as per accompanying Fig. 2.

The application of this was attended by a sense of great relief to the patient. The pressure upon and irritation of the tongue were thus removed, and, in the course of two or three days, that organ was restored to its normal size, and respiration and deglutition were markedly improved. The patient, who was in the habit of visiting my office every day, suffered considerable annoyance from the mucus, saliva, and pus trickling out of the mouth upon his clothes, and from the abscess under the jaw. In examining the mouth, I discovered a portion of necrosed bone of considerable size, the presence of which was a constant irritation to the soft parts, and maintained a fistulous opening in the mouth and another under the chin. I directed Dr. Buchler's attention to the necrosed bone, and he desired me to remove it and perform any other operations that were needed; placing the patient entirely under my charge. The fistulous opening in the mouth was enlarged with a bistoury, and the necrosed portion easily removed with a pair of forceps. I found that it was a portion of the base of the lower jaw, extending from the symphysis to the first molar tooth on the left side. A week after the removal, the abscess entirely disappeared and the oral secretions assumed their normal character, but still flowed out of the mouth. At the expiration of this time I proposed to the patient to have the V-shaped fissure in the upper lip closed by a surgical operation. To this he readily assented, and I performed the operation as follows: With a thin bistoury the edges of the V-shaped space were pared away so as to leave a raw surface; two harelip pins were then introduced, and the freshened ends brought and held together by figure-of-eight sutures. The right side of the V-shaped space was formed by a portion of the cicatricial tissue already mentioned, in which the circulation was quite languid, and I was somewhat apprehensive that perfect union of the parts could not be effected; but, on removing the pins two days after the operation, was gratified to find that they had become united. The success attending this prompted me to perform an operation with the view of restoring to the patient his speech, and, if possible, improving the condition of the lower lip. Preparatory to this I removed the remaining teeth in the upper and lower jaws, as they were of no service.

After the gums had healed, I operated upon the tongue and lower lip as follows: An incision an inch and a half in length and an inch in depth was made on the posterior side of the lower jaw, severing the unnatural relation existing between it and the tongue; this liberated that organ, and he was able to protrude the end of the tongue from the mouth. What remained of the lower lip was then carefully dissected up from the lower jaw.

An impression of the lower jaw was taken in wax, with the view of having a hard rubber fixture constructed that could rest upon it, serve as a support to the under lip, and counteract the natural tendency of the part to fall back into its old position; a tendency favored alike by gravitation and the well-known disposition of cicatricial tissue to contract. The wax model was placed in the hands of a mechanical dentist residing in the neighborhood to make the proposed fixture; but, after waiting some time for it, he returned with a spongy mass that could not be used, and I was compelled to proceed without any support. The edges of the lip on each side were attached to the adjacent soft parts by means of metallic sutures. For two days the indications were quite favorable for perfect union, which would have left an opening of somewhat limited size to the oral cavity in comparison with the mouth originally. At the expiration of this time, however, some of the sutures sloughed out, and a portion of the lip was drawn back into its abnormal position.

Although not entirely successful, important results were gained by the operation: the flow of saliva and mucus from the mouth was arrested, and in three or four days he was enabled to speak freely and do entirely without the slate, which had heretofore been indispensable in communicating his thoughts and making known his wants. His appearance was markedly improved (Fig. 3).

FIG. 3.



The patient is now living in Lancaster, Pa., in the enjoyment of excellent health.